

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/550,651

DATE: <u>1/2/01</u>	FROM: <u>Lee</u> (print name)
FORWARD TO:	REASON(S):
A. Art Unit: <u>2621</u>	A. You had Parent <input type="checkbox"/> (check box)
B. Class: <u>382</u>	B. See Title <input type="checkbox"/> (check box)
C Subclass: <u>141</u>	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

## FURTHER EXPLANATION IF NEEDED:

Optical fiber inspection system

DATE: _____	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

## FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	REASON(S):
	A. You had Parent <input type="checkbox"/> (check box)
	B. See Title <input type="checkbox"/> (check box)
	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

## FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

## FURTHER EXPLANATION IF NEEDED:

BEST AVAILABLE COPY